

PCA UPDATE

Serious Neurologic Complications in Patients Receiving Neuraxial Anesthesia/Analgesia When Taking Medications That Alter Clotting Mechanisms

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The Board's Patient Care Assessment (PCA) Committee has recently received reports on several adverse incidents involving serious neurologic complications in patients who had neuraxial (spinal/epidural) anesthesia or analgesia while receiving medications that alter clotting mechanisms. The medications included antiplatelet, fibrinolytic, and thrombolytic agents, and anticoagulants. In all cases, the patients exhibited symptoms of a neuraxial bleed after the spinal or epidural catheters had been removed, although bleeding can also occur following catheter insertion. While the patients' sensory and motor symptoms frequently suggested the development of progressively worsening bleeds or hematomas, in some instances the involved caregivers failed to diagnose and treat these conditions because symptoms were masked by local anesthetics. Of particular concern to the Committee members was the lack of a systemic approach to this problem by most facilities, despite the development of national guidelines.

The Committee recognizes, however, that there are no firm guidelines for all clinical settings in which the potential for neuraxial bleeding exists. Physicians must rely on sound clinical judgment and at times may even accept certain levels of bleeding risk during specific surgeries or emergent conditions. Nonetheless, the Committee urges all anesthesia personnel to be vigilant and to develop institutional guidelines for the optimum reduction and management of this risk. Physicians also should inform patients who have been taking drugs that alter clotting mechanisms about the potential for neuraxial bleeding during or after spinal or epidural anesthesia, with possible long term or permanent neurologic injury.

The Committee believes these adverse outcomes might have been prevented if appropriate perioperative assessment and monitoring of the patients' anticoagulation status had been routinely performed. Frequent monitoring is essential if prevention or timely detection and treatment of this common complication are to occur.

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